

01

BEGINNER



» An Introduction to:
**MEDICARE EHR
INCENTIVE PROGRAM**
FOR ELIGIBLE PROFESSIONALS

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HOW TO USE THIS GUIDE

This guide is intended to provide eligible professionals with a simple overview of the Medicare EHR Incentive Program. Each step of the program is explained in this guide to help health care professionals understand the basics of the program and determine how to successfully participate. Hyperlinks to the CMS website are included throughout the guide to direct you to more information and resources.

Table of contents

The table of contents is interactive. Simply click on a chapter to read that section, and then click on the chapter title to return to the table of contents.

HOW TO USE THIS GUIDE

Icons

This guide includes special icons to better help you understand the program and find resources. While reading the guide, please note the following:

- The “i” icon inside of a computer screen is intended to alert the reader that there are additional resources on the specific topic being discussed.
- The “checklist” icon alerts the reader to the stage of the program that is discussed in that section.

Please also keep in mind that screen shots of user guides and videos can be clicked so the reader can easily locate those resources and review them.



HOW TO USE THIS GUIDE

Resources

The resources section located at the end of the guide contains all of the tools CMS has created to help eligible professionals learn more about the EHR Incentive Programs. Next to each resource there is a description to help the reader determine if it will be useful to their needs. The resources are grouped in the following categories:

- An EHR Incentive Program Overview
- Other CMS Programs
- Certified EHR Technology
- Eligibility
- Registration
- Attestation
- Meaningful Use

Please note: This guide was prepared as a service to the health care industry and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

CHAPTER 1: PROGRAM BASICS

What is the EHR Incentive Program?

The EHR Incentive Program provides incentive payments for certain healthcare providers to use EHR technology in ways that can positively impact patient care.

What is an EHR? An electronic health record (EHR)—sometimes called an electronic medical record (EMR)—allows healthcare providers to record patient information electronically instead of using paper records. However, EHRs are often capable of doing much more than just recording information. The EHR Incentive Program asks providers to use the capabilities of their EHRs to achieve benchmarks that can lead to improved patient care.

It's important to know that the EHR Incentive Program is NOT a reimbursement program for purchasing or replacing an EHR. Providers have to meet specific requirements in order to receive incentive payments.

Approaching Deadlines for the Medicare EHR Incentive Program

This guide refers to a number of important program milestones. As you move through the guide, please note the following key dates.

Date	Milestone
January 1	Reporting period begins for eligible professionals
February 28*	Last day for eligible professionals to register and attest to receive an incentive payment
October 3	Last day for eligible professionals to begin 90-day reporting period to demonstrate meaningful use
December 31	Reporting year ends for eligible professionals.

Please note these dates are not applicable to everyone and may be different depending on your program participation. Visit the CMS eHealth interactive timeline [http://cms.gov/eHealth/downloads/Timeline_091213_FINAL.pdf], and the interactive tool *My EHR Participation Timeline* [<http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html>] for more information.

*2014 date extended to Mar 31

Other CMS programs

CMS has a number of quality improvement and incentive programs, but the EHR Incentive Program is a separate incentive program with different requirements. **The EHR you use and the information you submit for other programs may not meet the requirements of the EHR Incentive Program.**

CMS QUALITY IMPROVEMENT PROGRAMS

- Medicare EHR Incentive Program



-
- Medicaid EHR Incentive Program
 - Physician Quality Reporting System (PQRS)
 - Medicare Improvements for Patients and Providers Act (MIPPA) e-Prescribing Incentive Program

What requirements do you have to meet?

To receive an EHR incentive payment, providers have to show that they are

“meaningfully using”

their EHRs by meeting thresholds for a number of objectives.

CMS has established the objectives for

“meaningful use”

that everyone must meet to receive an incentive payment.

What is meaningful use?

In other words, it's not enough just to own a certified EHR. Providers have to show CMS that they are using their EHRs in ways that can positively affect the care of their patients.

To do this, providers must meet all of the objectives established by CMS for this program. Then they will be able to demonstrate **MEANINGFUL USE** of their EHRs and receive an incentive payment.

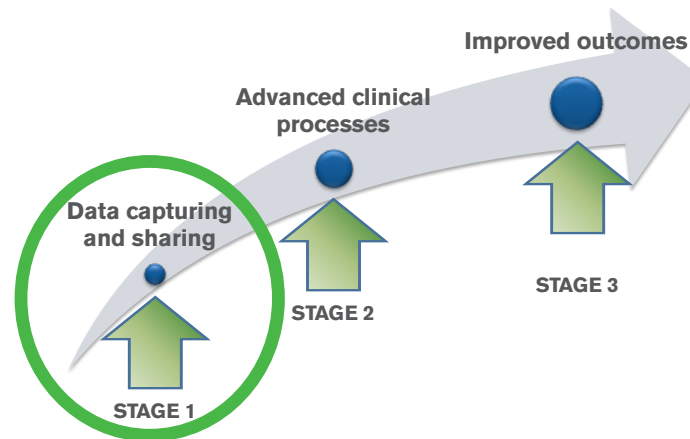
How does the program work?

The EHR Incentive Programs consist of 3 stages of meaningful use.

Each stage will have its own set of requirements to meet in order to demonstrate meaningful use.

Eligible professionals always begin participating under Stage 1 requirements. Medicare eligible professionals can refer to My Participation Timeline [\[http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html\]](http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html) to see the years they will demonstrate each stage of meaningful use.

The requirements in Stage 1 are focused on providers capturing patient data and sharing that data either with the patient or with other health care professionals.



PROGRAM OPTIONS

What kind of EHR do you need?

In order to capture and share patient data efficiently, providers need an EHR that stores data in a structured format.

Structured data allows patient information to be easily retrieved and transferred, and it allows the provider to use the EHR in ways that can aid patient care.

CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and other criteria for structured data that EHRs must use in order to qualify for this incentive program.



To get an incentive payment, you must use an EHR that is certified specifically for the EHR Incentive Programs. EHRs certified or qualified for other Medicare incentive programs may not be certified for this program. Also, if you already own an EHR, it may not be certified for use in the EHR Incentive Programs.

More about certified EHR



For more information

CERTIFIED EHR

For more information about certified EHR technology, visit the CMS website, <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>. You can find a complete list of certified EHR technology at the Certified Health IT Product List (CHPL) website, <http://healthit.hhs.gov/CHPL>.

CHOOSING A PROGRAM: **Medicare or Medicaid?**

The EHR Incentive Programs are available for Medicare and Medicaid eligible professionals.

**Medicare EHR
Incentive Program**

**Medicaid EHR
Incentive Program**

Although the two programs are similar in many ways, there are also some differences between them.

Providers must select either Medicare or Medicaid. They can only participate in one of the programs.

CHOOSING A PROGRAM: **Medicare or Medicaid?**

Medicare EHR Incentive Program	Medicaid EHR Incentive Program
Run by CMS	Every state runs its own program
Maximum incentive amount is \$43,720 (across 5 years of program participation)	Maximum incentive amount is \$63,750 (across 6 years of program participation)
Payment reductions begin in 2015 for providers who are eligible but choose not to participate	No Medicaid payment reductions if you choose not to participate
In the first year and all remaining years, providers have objectives they must achieve to get incentive payments.	In the first year, providers can receive an incentive payment for adopting, implementing, or upgrading a certified EHR.
	In all remaining years, providers have objectives to achieve, just like Medicare.

For more information



For more information

MEDICARE EHR INCENTIVE PROGRAM

This is a guide to the Medicare EHR Incentive Program. To learn more about differences between the Medicare and Medicaid EHR Incentive Programs, visit the **program basics section** of our website, <http://www.cms.gov/Regulations-and-guidance/Legislation/EHRIncentivePrograms/Basics.html>.

How much will you get paid?

The amount of your incentive payment depends on when you begin participating in the program. The incentive payment is 75% of your Medicare allowed charges up to a maximum annual cap. The table below shows the maximum incentive amounts broken down by the year you start participating in the program.

As required by law, President Obama issued a sequestration order on March 1, 2013. Under these mandatory reductions, Medicare EHR incentive payments made to eligible professionals and eligible hospitals will be reduced by 2%.

Medicare EHR Incentive Payment Schedule for Eligible Professionals				
	First Payment Received in 2011	First Payment Received in 2012	First Payment Received in 2013	First Payment Received in 2014
Payment Amount in 2011	\$18,000			
Payment Amount in 2012	\$12,000	\$18,000		
Payment Amount in 2013	\$7,840 Reduction (\$160)	\$11,760 Reduction (\$240)	\$14,700 Reduction (\$300)	
Payment Amount in 2014	\$3,920 Reduction (\$80)	\$7,840 Reduction (\$160)	\$11,760 Reduction (\$240)	\$11,760 Reduction (\$240)
Payment Amount in 2015	\$1,960 Reduction (\$40)	\$3,920 Reduction (\$80)	\$7,840 Reduction (\$160)	\$7,840 Reduction (\$160)
Payment Amount in 2016		\$1,960 Reduction (\$40)	\$3,920 Reduction (\$80)	\$3,920 Reduction (\$80)
TOTAL Incentive Payments	\$43,720	\$43,480	\$38,220	\$23,520

How much will you get paid?

The total maximum incentive amount that you can be paid under the Medicare EHR Incentive Program is \$43,720 over five consecutive years of program participation. As you can see, you receive the maximum incentive by starting in 2011 or 2012 . If you don't start by 2014, you are not eligible to receive any incentive payment under the Medicare EHR Incentive Program.

Are there penalties?

Medicare eligible professionals who do not meet the requirements for meaningful use by 2015 and in each subsequent year are subject to payment adjustments to their Medicare reimbursements that start at 1% per year, up to a maximum 5% annual adjustment.

CHAPTER 2: HOW TO PARTICIPATE

Eligibility

How do you get started?

Before you do anything, make sure you are eligible for the program.



The following are considered “eligible professionals” who can participate in the Medicare EHR Incentive Program:

- Doctors of medicine or osteopathy
- Doctors of dental surgery or dental medicine
- Doctors of podiatry
- Doctors of optometry
- Chiropractors

Eligibility

Are you eligible?

CMS has developed a web tool that can help you determine whether or not you are eligible to participate in the EHR Incentive Programs. Click on the image at right to try out the tool on our website, <https://www.cms.gov/Regulations-and-Guidance/legislation/EHRIncentivePrograms/eligibility.html>.



Eligibility

Can practices participate?

NO

Incentive payments for the Medicare EHR Incentive Program are made to individual providers, not to practices or medical groups. Although a provider can designate a practice to receive the incentive funds on their behalf, it is up to the provider to make this decision—the practice or medical group cannot claim the money or make the decision for the provider, even if the EHR belongs to the practice.

Eligibility

Are you hospital-based?

Eligible professionals who are **hospital-based** cannot participate in the EHR Incentive Programs.

A provider is considered **hospital-based** if he or she provides more than 90% of their covered professional services in either an inpatient (Place of Service 21) or emergency department (Place of Service 23) of a hospital.

CMS makes the determination if you are **hospital-based**. You will find out your status when you register for the program.

Registration

How do you register?

If you fall into one of the eligible professional categories and you have decided to participate in the Medicare EHR Incentive Program, the next step is to get registered for the program.



You can register online at:

[https://ehrincentives.
cms.gov](https://ehrincentives.cms.gov)

Registering does not mean that you have to participate. You can cancel your registration at any time.

By registering, you can see if you are hospital-based or if there are other issues that could interfere with or delay your participation.

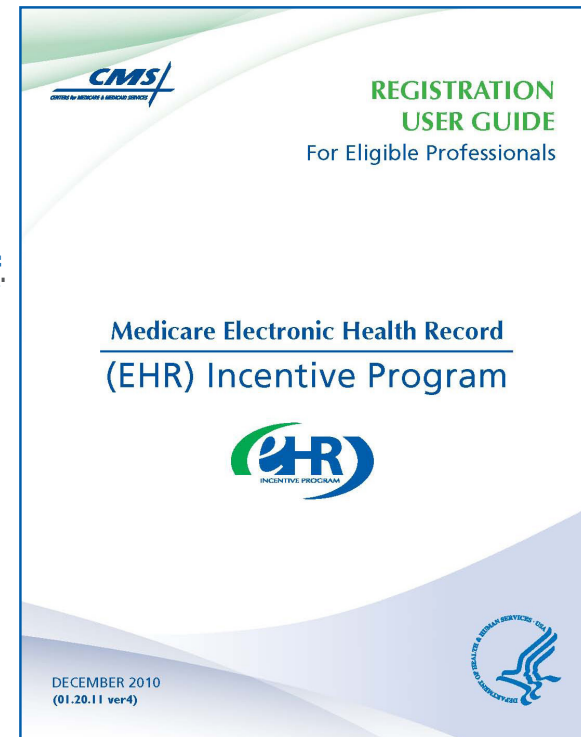
Registration

How do you register?

Click the image on the right to download a Registration User Guide that will give you step-by-step directions on how to register online,

https://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf.

The Registration User Guide also contains instructions for how a provider can let a 3rd party, such as an office manager, register on his or her behalf.

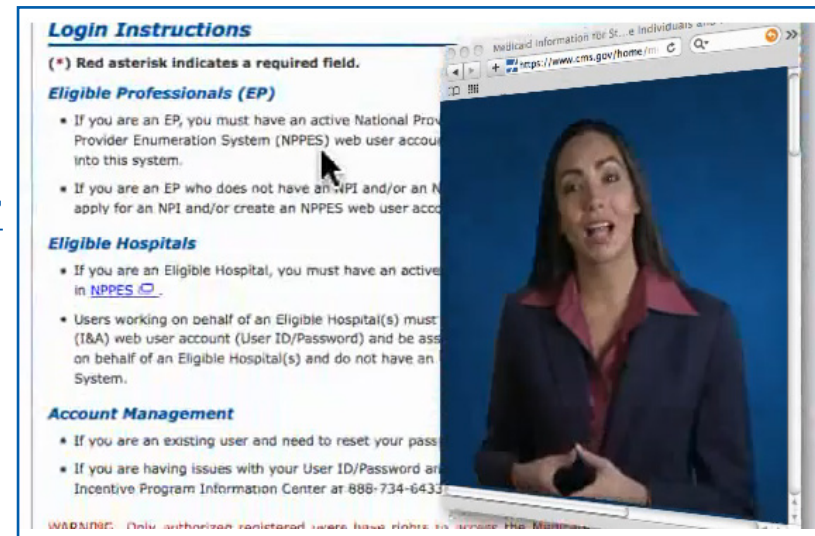


Registration

How do you register?

Click on the image on the right to watch a video tutorial that will walk you through CMS's registration system,

<http://www.youtube.com/watch?v=kL-d7zj44Fs&list=UUhHTRPxz8awulGaTMh3SAkA&index=167>



CHAPTER 3: MEANINGFUL USE

What do you have to do for meaningful use?

To show CMS that they have meaningfully used their certified EHR, providers must meet all of the Stage 1 requirements that CMS has established.

For the first year they participate, eligible professionals have to meet the requirements for and report data on a continuous 90-day period during the calendar year (any 90 days from January 1st to December 31st).

For the remaining years they participate, eligible professionals have to meet the requirements for the entire calendar year. Both of these are called the **reporting periods**.

For 2014 only: Because all providers must upgrade or adopt newly certified EHRs in 2014, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a three-month (or 90-day) EHR reporting period in 2014.



How will certified EHR help you?

You probably think there is a lot of information you're going to have to keep track of in order to get an incentive payment, but that's where your certified EHR will help you meet the requirements for meaningful use.

- All certified EHR technology adheres to the standards and criteria of the EHR Incentive Program—which means it is certified to include functionality that will help you accomplish the core and menu objectives you must meet.
- Certified EHR technology includes the ability to calculate the numerators and denominators for all of the objectives based on the patient information you enter as part of your everyday workflow.

What are the requirements?

CMS has established *objectives* that all providers must meet in order to show that they are using their EHRs in ways that can positively affect the care of their patients—in other words, so that providers can demonstrate **meaningful use**.

Some of the *objectives* have a minimum percentage that providers have to meet. Other *objectives* specify an action that must be taken or a functionality of the EHR that must be enabled for the duration of the reporting period.

What are the requirements?

OBJECTIVES AND MEASURES	
Objectives	Measures
What every eligible professional is required to achieve in order to be able to show that they are meaningfully using their EHR.	The minimum requirement to achieve each <i>objective</i> . Every objective has an associated <i>measure</i> , which the eligible professional must meet or surpass.

What are the requirements?

There are **EXCLUSIONS** that exempt you from having to meet specific objectives. If you meet the qualifications for an exclusion, then you will not have to report on that objective and can still receive a full EHR incentive payment.

These exclusions may be applicable to certain specialists who do not perform the actions specified in the objective as a normal scope of practice. Check the exclusion for each objective to see if you can qualify for it.

What are the requirements?

- As you will see, there is a lot of flexibility about what providers have to report.
- But you have to meet the thresholds for ALL of the objectives (or qualify for an exclusion to objectives) in order to be able to show meaningful use.
- If you fail to meet even one of the measures, you will not receive a payment. There are no partial incentive payments.

What are the requirements?

Eligible Professionals have to meet the measures for the following in order to receive a payment:

13 CORE OBJECTIVES—These are objectives that everyone who participates in the program must meet. Some of the core objectives have exclusions that could exempt you from having to meet them, but many of them do not. You have to report on all 13 core objectives and meet the thresholds established by those objectives.

9 MENU OBJECTIVES—You only have to report on 5 out of the 9 available menu objectives. You can choose objectives that make sense for your workflow or practice. Again, some of these objectives have exclusions that could exempt you from having to meet them.

Please note: The Stage 2 rule for the EHR Incentive Programs changed several Stage 1 meaningful use objectives, measures, and exclusions for eligible professionals for the 2013 reporting cycle. These changes took effect on January 1, 2013 for eligible professionals. This guide reflects updated information on meaningful use requirements per the Stage 2 rule.

What are the requirements?

In addition to meeting the thresholds for the 13 core and 5 menu objectives, all eligible professionals have to report on **Clinical Quality Measures**.

We'll review the **Clinical Quality Measures** later, but for now you should know that **Clinical Quality Measures** are different from core and menu objectives.

There are no thresholds to meet for **Clinical Quality Measures**—you simply report the data exactly as it is calculated by your certified EHR.

Meaningful Use

$$\begin{array}{ccccccc} \mathbf{13} & + & \mathbf{5} & + & \mathbf{9} & = & \mathbf{MU} \\ \text{Core} & & \text{Menu} & & \text{CQMs} & & \text{Meaningful} \\ \text{Measures} & & \text{Measures} & & & & \text{Use} \end{array}$$

Stage 1 meaningful use: 13 core objectives

Below are the 13 core objectives that every eligible professional must meet in order to receive an EHR Incentive Payment.

1. Computerized provider order entry (CPOE)
2. Drug-drug and drug-allergy checks
3. Maintain an up-to-date problem list of current and active diagnoses
4. E-Prescribing (eRx)
5. Maintain active medication list
6. Maintain active medication allergy list
7. Record demographics
8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Implement clinical decision support
11. Provide patients with the ability to view, download, or transmit their health information online
12. Provide clinical summaries for patients for each office visit
13. Protect electronic health information

Stage 1 meaningful use: 13 core objectives

Over the next 13 pages, we'll take a quick look at each of these core objectives so that you can see at a glance:

- What the objective requires
- What you have to do to meet the required threshold
- What exclusions exist for the objective

Keep in mind that this is only a quick guide. There are many details about meeting these objectives that cannot be addressed here. Once you have a grasp of the program basics, we encourage you to explore our **Meaningful Use Specification Sheets** (<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>), which give in-depth information on each of the objectives, including how to calculate numerators and denominators, definitions of important terms, and additional information about achieving the objectives.

CORE OBJECTIVES

1. Computerized provider order entry (CPOE)

What the Measure Requires

More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

What That Means for You

For at least 30% of your patients that have a medication listed in the EHR, you or a licensed staff person will have to use the EHR's CPOE module to enter medication orders.

Optional alternate: More than 30% of your medication orders during the EHR reporting period are recorded using CPOE.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.

CORE OBJECTIVES

2. Drug-drug and drug-allergy checks

What the Measure Requires

EP has enabled this functionality for the entire EHR reporting period.

What That Means for You

Certified EHR comes with the ability to automatically check for potentially adverse drug-drug or drug-allergy interactions. You have to turn this functionality on and keep it on.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

3. Maintain an up-to-date problem list of current and active diagnoses

What the Measure Requires

More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

What That Means for You

More than 80% of your patients have to have an entry in the EHR about current diagnoses—either actual problems or just an indication that there are no problems right now.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

4. E-Prescribing (eRx)

What the Measure Requires

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.

What That Means for You

More than 40% of the prescriptions you write have to be sent electronically—not by phone and not by fax—using your certified EHR.

Are You Excluded from Having to Do This?

- You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.
- You can be excluded from meeting this objective if there is not a pharmacy within your organization and there are no pharmacies that accept electronic prescriptions within 10 miles of your practice location at the start of your EHR reporting period.

CORE OBJECTIVES

5. Maintain active medication list

What the Measure Requires

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

What That Means for You

More than 80% of your patients have to have an entry in the EHR about medications—either medications they are currently taking or just an indication that they aren't taking any medications right now.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

6. Maintain active medication allergy list

What the Measure Requires

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

What That Means for You

More than 80% of your patients have to have an entry in the EHR about medication allergies—either medication allergies they have or just a note that they don't have any medication allergies.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

7. Record demographics

What the Measure Requires

More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

What That Means for You

For more than half of your patients you have to record the following in the EHR:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of Birth

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

8. Record and chart changes in vital signs

What the Measure Requires

Measure: For more than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.

What That Means for You

For more than half of your patients, you have to record the following in the EHR:

- Height
- Weight
- Blood pressure (for patients age 3 and over only)
- Calculate and display body mass index (BMI)
- Plot and display growth charts for children 0-20 years, including BMI

A certified EHR will chart changes in those vital signs for you.

Are You Excluded from Having to Do This?

You can be excluded from this objective for either of these reasons:

- If you see no patients 3 years or older, you are excluded from recording blood pressure;
- If you believe that all three vital signs of height, weight, and blood pressure have no relevance to your scope of practice you are excluded from recording them;
- If you believe that height and weight are relevant to your scope of practice, but blood pressure is not, you are excluded from recording blood pressure; or
- If you believe that blood pressure is relevant to your scope of practice, but height and weight are not, you are excluded from recording height and weight.

CORE OBJECTIVES

9. Record smoking status for patients 13 years or older

What the Measure Requires

More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

What That Means for You

Smoking status is recorded in the EHR for over half of your patients that are over the age of 13.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you don't see any patients who are 13 years or older.

CORE OBJECTIVES

10. Implement clinical decision support

What the Measure Requires

Implement one clinical decision support rule.

What That Means for You

Certified EHRs have the ability to program clinical decision support that can trigger alerts or clinical information for providers when they encounter patients with certain diagnoses or treatments. You should implement one of these rules that makes sense for your medical practice.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

11. Provide patients with an electronic copy of their health information

What the Measure Requires

More than 50% of all patients are provided the ability to view, download or transmit their health information online within 4 business days after it is available.

What That Means for You

You must provide patients the ability to view, download, or transmit their health information (including diagnostic test results, problem lists, medication allergies) online in a timely fashion for over half of all patients.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

CORE OBJECTIVES

12. Provide clinical summaries for patients for each office visit

What the Measure Requires

Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

What That Means for You

For more than half of your office visits, patients receive a clinical summary within 3 days of the visit.

Are You Excluded from Having to Do This?

If you do not conduct any office visits, you can be excluded from meeting this objective.

CORE OBJECTIVES

13. Protect electronic health information

What the Measure Requires

Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

What That Means for You

You have to meet the same HIPAA requirements for protecting patient information in your EHR as you do for paper records. To do this, you must conduct a security review of your system and correct any problems that could make patient information vulnerable.

Are You Excluded from Having to Do This?

There is no exclusion for this objective. Everyone has to meet it.

Stage 1 meaningful use: 9 menu objectives

Now that we've seen all of the core objectives that you have to meet, let's look at the 9 menu objectives.

- You have to report on **5** of these 9 menu objectives
- At least one of the 5 you report must be a Public Health objective

Over the next 11 pages, we'll take a quick look at all of the menu objectives. Again, once you understand the program basics, we encourage you to explore our **Meaningful Use Specification Sheets** (<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>), which give in-depth information on each of the objectives, including how to calculate numerators and denominators, definitions of important terms, and additional information about achieving the objectives.

Stage 1 public health objectives

When selecting your 5 menu objectives, at least one must come from the Public Health list, which consists of the following:

1. Submit electronic data to immunization registries

OR

2. Submit electronic syndromic surveillance data to public health agencies

Let's look at each of these objectives in turn.

MENU OBJECTIVES

1. Submit electronic data to immunization registries

What the Measure Requires

Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically), except where prohibited.

What That Means for You

Your EHR comes equipped with the ability to electronically send immunization data. You have to test your EHR's ability to electronically transmit that information to a public health registry. Even if the test fails, you have successfully met this objective!

Are You Excluded from Having to Do This?

You could be excluded from meeting this objective for either of these reasons:

- You don't administer immunizations
- There's no immunization registry to which you can send information
- It is prohibited

MENU OBJECTIVES

2. Submit electronic syndromic surveillance data to public health agencies

What the Measure Requires

Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically) except where prohibited.

What That Means for You

Your EHR comes equipped with the ability to electronically send syndromic surveillance data (e.g., influenza population data). You have to test your EHR's ability to electronically transmit that information to a public health agency. Even if the test fails, you have successfully met this objective!

Are You Excluded from Having to Do This?

You could be excluded from meeting this objective for either of these reasons:

- You don't collect any reportable syndromic data during the EHR reporting period
- There's no immunization registry to which you can send information
- It is prohibited

Other stage 1 menu objectives

After you have selected a public health objective, you still have to choose 4 more menu objectives to report. You can select any 4 from the list below—or you could report on both public health objectives and choose 3 from the list below:

3. Drug formulary checks
4. Incorporate clinical lab-test results
5. Generate lists of patients by specific conditions
6. Send reminders to patients for preventive/follow-up care
7. Patient-specific education resources
8. Electronic access to health information for patients
9. Medication reconciliation
10. Summary of care record for transitions of care

Let's look at each of these.

MENU OBJECTIVES

3. Drug formulary checks

What the Measure Requires

EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.

What That Means for You

Your certified EHR has the ability to check potential medication orders against a drug formulary. If you choose this objective, then you need to enable the formulary check for the entire reporting period.

Are You Excluded from Having to Do This?

If you write fewer than 100 prescriptions during the EHR reporting period, you can be excluded from completing this objective.

MENU OBJECTIVES

4. Incorporate clinical lab-test results

What the Measure Requires

More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

What That Means for You

Results from over 40% of lab tests ordered during the reporting period are recorded in the EHR—as long as the tests yield a number or a positive/negative response. Other test results do not count toward this objective.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you did not order any lab tests during the reporting period or if none of the results from the tests you ordered came back as a number or as a positive/negative response.

MENU OBJECTIVES

5. Generate lists of patients by specific conditions

What the Measure Requires

Generate at least one report listing patients of the EP with a specific condition.

What That Means for You

You can decide what condition is clinically relevant or useful to your practice, then generate a report from your certified EHR of patients with that condition.

Are You Excluded from Having to Do This?

There is no exclusion for this objective if you select it.

MENU OBJECTIVES

6. Send reminders to patients for preventive/follow-up care

What the Measure Requires

More than 20% of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

What That Means for You

Over 20% of patients in these age ranges must be sent preventive or follow-up care reminders. The information in the reminder and how the reminder is sent (e.g., mail, email, telephone) is up to you.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you have no patients 65 years or older or 5 years old or younger whose information is in your certified EHR.

MENU OBJECTIVES

7. Patient-specific education resources

What the Measure Requires

More than 10% of all unique patients seen by the EP are provided patient-specific education resources.

What That Means for You

For over 10% of your patients, you use your certified EHR's ability to recommend educational resources to your patients. Your EHR is certified with the ability to make these recommendations based on patient-specific variables, such as chronic condition (e.g., diabetes).

Are You Excluded from Having to Do This?

There is no exclusion for this objective if you select it.

MENU OBJECTIVES

8. Medication reconciliation

What the Measure Requires

EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

What That Means for You

For over half the patients who see you after receiving care from another provider, you should update medication information by comparing the patient's medical record to an external list of medications obtained from a patient, hospital, or other provider.

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you did not see any patients after they received care from another provider during the EHR reporting period.

MENU OBJECTIVES

9. Summary of care record for transitions of care

What the Measure Requires

EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

What That Means for You

You send either an electronic or paper summary of care document that is generated by your certified EHR for over half of the patients you refer to another provider or transfer to another setting for care (e.g., nursing home).

Are You Excluded from Having to Do This?

You can be excluded from meeting this objective if you don't refer any patients or transfer any patients to another setting for care during the reporting period.

What if none of the stage 1 menu objectives are relevant?

It's rare, but it's possible that none of the menu objectives are applicable to your scope of practice. If that is the case for you and you qualify for all of the exclusions for each of the menu objectives, then you can select 5 menu objectives and claim the exclusion for each.

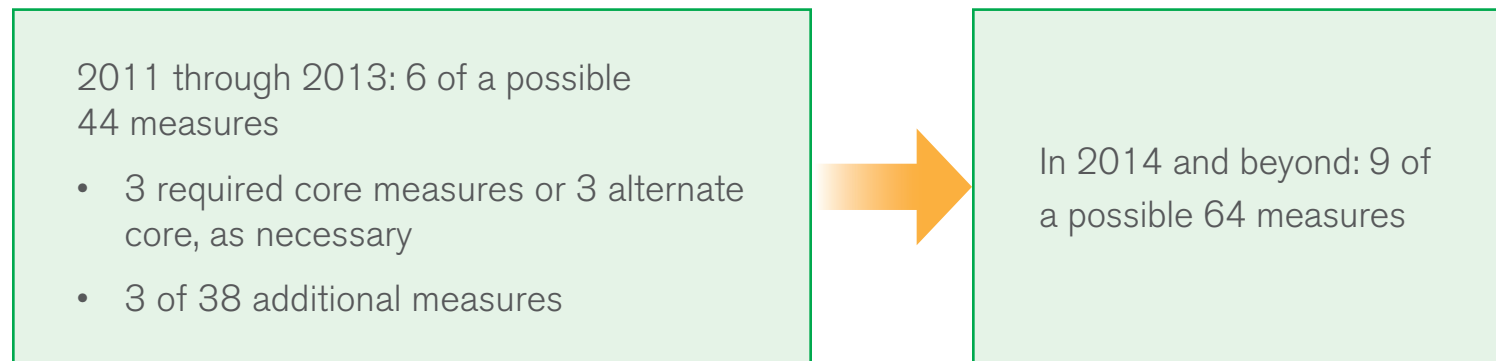
Clinical quality measures

Clinical quality measures do not have thresholds that you have to meet—you simply have to report data on them.

You don't have to do any calculations for the clinical quality measures! Your certified EHR will produce a report with clinical quality measure data, and you must enter that data exactly as your certified EHR produced it.

Clinical quality measures

The number of CQMs providers need to report in 2014 differs from previous years. Beginning in 2014, you must select and report 9 of a possible list of 64 approved CQMs.



Clinical quality measures

For 2014, CMS is not requiring the submission of a core set of CQMs.

CMS has identified two recommended core sets of CQMs- one for adults and one for children on high-priority health conditions and best-practices for care delivery.

- 9 CQMs for **adult populations** that meet all of the program requirements
- 9 CQMs for **pediatric populations** that meet all of the program requirements

These recommended core sets focus on conditions that contribute to the morbidity and mortality of most Medicare and Medicaid beneficiaries and also focus on areas that represent national public health priorities or disproportionately drive health care costs. CMS encourages eligible professionals to report from the recommended core set to the extent those CQMs are applicable to your scope of practice and patient population.

9 recommended measures for adult populations

Adult Recommended Core Measures

- Controlling High Blood Pressure
- Use of High-Risk Medications in the Elderly
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Use of Imaging Studies for Low Back Pain
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Documentation of Current Medications in the Medical Record
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- Closing the referral loop: Receipt of specialist report
- Functional status assessment for complex chronic conditions

9 recommended measures for pediatric populations

Pediatric Recommended Core Measures

- Appropriate Testing for Children with Pharyngitis
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Chlamydia Screening for Women
- Use of Appropriate Medications for Asthma
- Childhood Immunization Status
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Children who have dental decay or cavities

2014 CQM Domains

2014 CQM Domains

1. Patients and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness

CQMs 2014 and Beyond

- Choose from at least 3 different domains
- CMS suggests that EPs choose a core set for both adults and children

Things to remember about clinical quality measures

Your certified EHR does all the work—it calculates the measures and gives you the numbers you report to CMS.

Select and Report 9 measures of a possible list of 64 approved CQMs.

There are no minimum values that you must achieve for clinical quality measures. You only have to report on them, not achieve a benchmark.

EPs are not excluded from reporting CQMs, but zero is an acceptable value.

CHAPTER 4: ATTESTATION: HOW YOU REPORT TO CMS

What is attestation?

Attestation is a legal statement that you have met the thresholds and all of the requirements of the Medicare EHR Incentive Program. The process of attestation happens through an internet-based CMS system that allows you to enter information on all of the following:

- 13 core objectives
- 5 out of 9 menu objectives
- 9 measures from 64 approved CQMs



Steps to follow

Where do you go to attest?

You will attest through the same system where you initially registered. Click here, <https://ehrincentives.cms.gov>, to go to the CMS EHR Registration and Attestation system now.

During the attestation process, you will enter data and answer yes/no questions on the core objectives, menu objectives, and clinical quality measures. Above is an example of how the core objective for Drug-Drug and Drug-Allergy Checks appears in the attestation system.

The screenshot displays the 'Meaningful Use Core Measures' section of the CMS EHR Registration and Attestation system. The top navigation bar includes links for Home, Registration, Attestation (which is highlighted), Status, and Account Management. The main content area is titled 'Questionnaire (2 of 15)' and contains the following text: '(*) Red asterisk indicates a required field. Responses are required for the measure displayed on this page. Objective: Implement drug-drug and drug-allergy interaction checks. Measure: The EP has enabled this functionality for the entire EHR reporting period. Complete the following information: *Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period? Yes [radio button] No [radio button]. At the bottom, there is a prompt: 'Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed.' with two buttons: 'PREVIOUS PAGE' and 'SAVE & CONTINUE'.

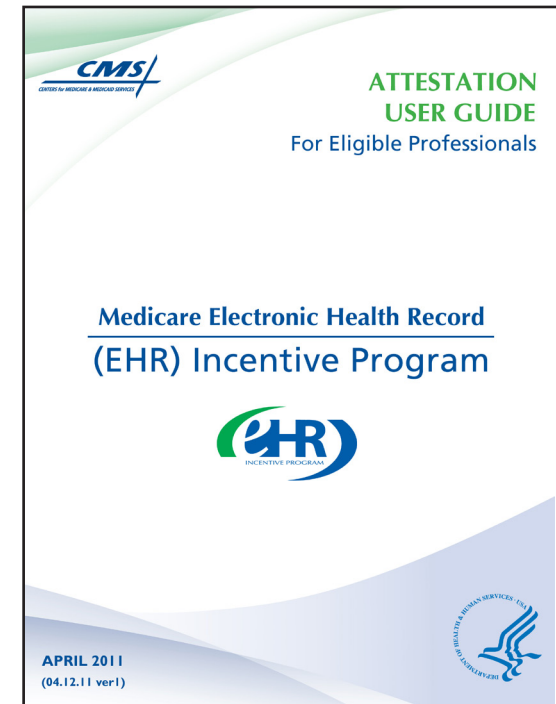
Steps to follow

How do you attest?

Just as with registration, there is also an attestation guide to help you through the process.

Click the image on the right, or go to http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf, to download an Attestation User Guide that will give you step-by-step directions on how to enter information and attest online.

The Attestation User Guide also contains instructions for how a provider can let a 3rd party register on his or her behalf.



Steps to follow

Want to practice?

Our Meaningful Use Attestation Calculator allows you to see the language used during attestation and to enter your core and menu objective information to see if you have met all of the requirements for the Medicare EHR Incentive Program.

Click the image on the right to try it now, or go to <http://www.cms.gov/apps/ehr>.



After you attest

As soon as you submit your attestation, you will find out immediately whether or not you have successfully achieved the core and menu objectives of the program.

If you are not successful, you can edit any information that was entered incorrectly and resubmit your attestation. Or you can resubmit for a different 90-day reporting period with new information.

If you are successful, CMS will perform a number of internal checks to be sure you are eligible for payment. You should then receive your EHR incentive payment in approximately 4-8 weeks following attestation.

CHAPTER 5: RESOURCES

Resources library

TOPIC	TITLE	DESCRIPTION
Overview	Health Information Technology Timeline	Key dates of the Medicare EHR Incentive Programs and ICD-10
	My EHR Participation Timeline	Interactive timeline to determine which year eligible professionals will demonstrate each stage of meaningful use
Other CMS Programs	Physician Quality Reporting System (PQRS) Homepage	CMS webpage that provides information on the PQRS and how to participate in it
	eRx Incentive Program Homepage	CMS webpage that provides information on the eRx Incentive Program and how to participate in it
Certified EHR Technology	CHPL Certified EHR List	Webpage maintained by ONC that provides a comprehensive listing of certified EHRs and EHR modules
Eligibility	Eligibility Widget	Helps eligible professionals determine their eligibility for the Medicare and Medicaid EHR Incentive Programs
	Eligibility Flowchart	Demonstrates the functionality of the online module for professionals to determine their eligibility for the Medicare and Medicaid EHR Incentive Programs

Resources library

TOPIC	TITLE	DESCRIPTION
Registration	<u>Medicare EHR Incentive Program EP Registration Users Guide</u>	Guidance to help eligible professionals through the registration process
	<u>Medicare EP PECOS Notification</u>	Helps eligible professionals participating in the Medicare program obtain a PECOS account, which is necessary to register and receive an EHR Incentive Program payment
Meaningful Use	<u>Stage 1 EHR Meaningful Use Specification Sheet for EPs</u>	Each sheet provides details about a specific meaningful use measure that needs to be met by eligible professionals
	<u>Guide for Reading the EHR Incentive Program EP CQM Measures</u>	Provides guidance for understanding and using the CQMs for eligible professionals
Attestation	<u>Medicare EHR Incentive Program EP Attestation User Guide</u>	Demonstrates the functionality of the online attestation module for eligible professionals
	<u>Meaningful Use Attestation Calculator (version 1)</u>	Allows eligible professionals and hospitals to test whether or not they will successfully demonstrate meaningful use for the EHR Incentive Programs prior to attestation
	<u>Attestation Worksheet for Eligible Professionals</u>	Allows eligible professionals to enter their meaningful use measure values, so they have a quick reference tool to use while attesting

CHAPTER 6: GLOSSARY

Glossary of terms

TERM	EXPLANATION
Attestation	In order for EPs to receive an EHR incentive payment, they must attest (legally state) through the secure Medicare website or their state's secure Medicaid website, depending on the program they are participating in, that they've demonstrated "meaningful use" with certified EHR technology.
Certified Electronic Health Record (EHR)	The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments.
Eligible Professional (EP)	Medicare eligible professionals are listed on page 17 of this guide. Eligible professionals under the Medicaid EHR Incentive Program include the health care providers below when they also meet the Incentive Program eligibility criteria. <ul style="list-style-type: none">• Physicians (primarily doctors of medicine and doctors of osteopathy)• Nurse practitioner• Certified nurse-midwife• Dentist• Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.
Exclusion	CMS allows providers to report that specific meaningful use measures do not apply to them because they have no patients, or no or insufficient number of actions that would allow calculation of the meaningful use measure. For example, a physician who has no patients age 65 or older or age 5 or younger would not have to meet the requirement to send an appropriate reminder to 20 percent or more of all patients in those age groups during the EHR reporting period.

Glossary of terms

TERM	EXPLANATION
Meaningful Use	The requirements for EHR use and reporting to qualify for the incentive payment within the Medicare EHR Incentive Program. Meaningful use will be the standard by which providers will use EHR technology and build enhancements for future reporting and quality measures to improve patient outcomes.
Provider Enrollment, Chain, and Ownership System (PECOS)	PECOS supports the Medicare provider and supplier enrollment process by capturing provider/supplier information from the CMS-855 family of forms. The system manages, tracks, and validates enrollment data collected in both paper form and electronically via the Internet. All EPs must be enrolled in PECOS in order to register to receive incentive payments in the Medicare EHR Incentive Program.
Place of Service (POS)	POS codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. CMS maintain POS codes used throughout the health care industry.
Reporting Period	The reporting period is the period in which an EP must demonstrate meaningful use guidelines for the EHR Incentive Programs. In the first year of the Medicare EHR Incentive Program, EPs have a reporting period of any continuous 90-day period within the calendar year.
Third-Party Reporting	For the EHR Incentive Programs, CMS implemented functionality that allows an EP to designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password), and be associated to the EP's NPI. Those working on behalf of an EP(s) that do not have an I&A web user account can visit I&A Security Check to create one.



cms.gov/EHRIncentivePrograms